

Name  
in  
Full

Not Named Alexander

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		STATE	
Rising Sun				Beech		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		5	2				12 hr
Sex		Color or Race		Birth-place			
Male		white		Md.			
Occupation				Where Residing if not at place of death			
Merried, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Dand Alexander				Md			
Mother's Maiden Name				Mother's Birthplace			
Dora Green				Pa			
Name of person giving Information				How related to deceased			
Father				—			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Premature birth	How long	151
Immediate	Exhaustion	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		John H. Green	
		Address	
		Rising Sun	
Accident or Suicide			







Name  
in  
Full

Mary Emma Barrett

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Colera</i>		Town		<i>Beel</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>May</i>		Day <i>19</i>		Years <i>42</i>		Months	
Sex <i>Female</i>		Color or Race <i>white</i>		Birthplace <i>Pot Deposit Md</i>					
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>Colera, West Nottingham</i>							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>S Harvey Barrett</i>							
Father's Name <i>Joseph Edward Hines</i>		Father's Birthplace <i>Beel Co Md</i>							
Mother's Maiden Name <i>Rose A Vickers</i>		Mother's Birthplace <i>Anchorage Md</i>							
Name of person giving Information <i>Mrs Rose A Taylor</i>		How related to deceased <i>Mother</i>							

## CAUSES OF DEATH

137

PHYSICIAN  
OR CORONER

Primary <i>Abortion. (End of 3 month)</i>		How long	
Immediate <i>Septicæmia (Exhaustion).</i>		How long <i>5 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Ernest Rouland</i>	
		Address <i>Liberty Grove Md</i>	
Accident or Suicide <i></i>			



848  
609  
239



Name  
in  
Full

Irma May Benson

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Chesapeake City

Crest

Date

of death

1909

Month

5

Day

23

Age

Years

1

Months

8

Days

4

Sex

Female

Color or  
Race

White

Birth-  
place

Chesapeake City

Occupation

Infant

Where Residing if not  
at place of death

at home

Married, Single  
or Widowed

X

Name of Wife or  
Husband

X

Father's  
Name

Robert P Benson

Father's  
Birthplace

Chesapeake City

Mother's  
Maiden Name

Mrs May Allen

Mother's  
Birthplace

Chesapeake City

Name of person giving  
Information

Mr Robert Benson

How related  
to deceased

Mother

## CAUSES OF DEATH

9

Primary

How long

Immediate

Menstruum Cramp

How long

24 hours

Are the name, age, sex, color, data  
and place correctly given above?

Yes

Signature of  
Physician

McKarsner

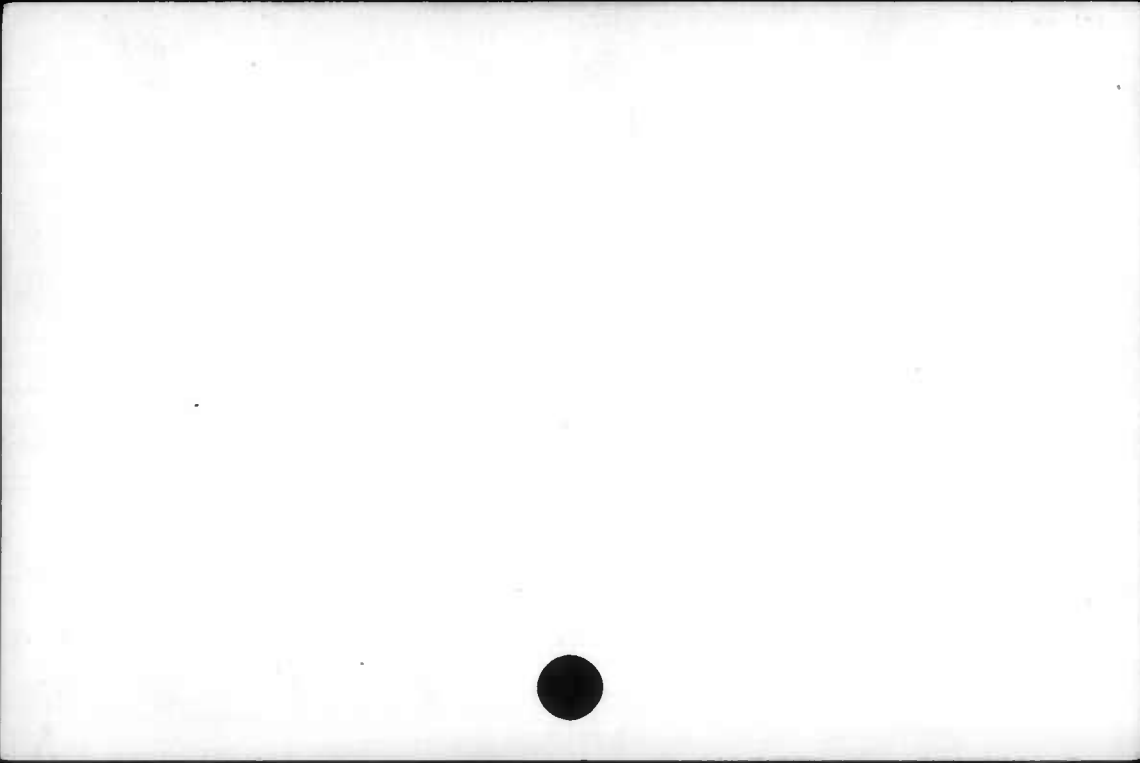
Address

Chesapeake City Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER







Name  
in  
Full

Mary f Biddle

## CERTIFICATE OF DEATH

Died at

Town

Elkton

County

Cecil

MARYLAND

Date

of death

1909

Month

May

Day

31

Years

Age

74

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Ind

Occupation

Home-Retired dressmaker

Where residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

John Biddle

Father's  
Birthplace

Ind

Mother's  
Maiden Name

Mary Borden

Mother's  
Birthplace

Ind

Name of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

81

Primary

Arterio Sclerosis

How long

Several years

Immediate

Heart failure

How long

3 wks

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

H. Anton Mitchell

Address

Elkton Ind.

Accident or Suicide

Bethel

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER







Name  
in  
Full

Mary J. Brady

## CERTIFICATE OF DEATH

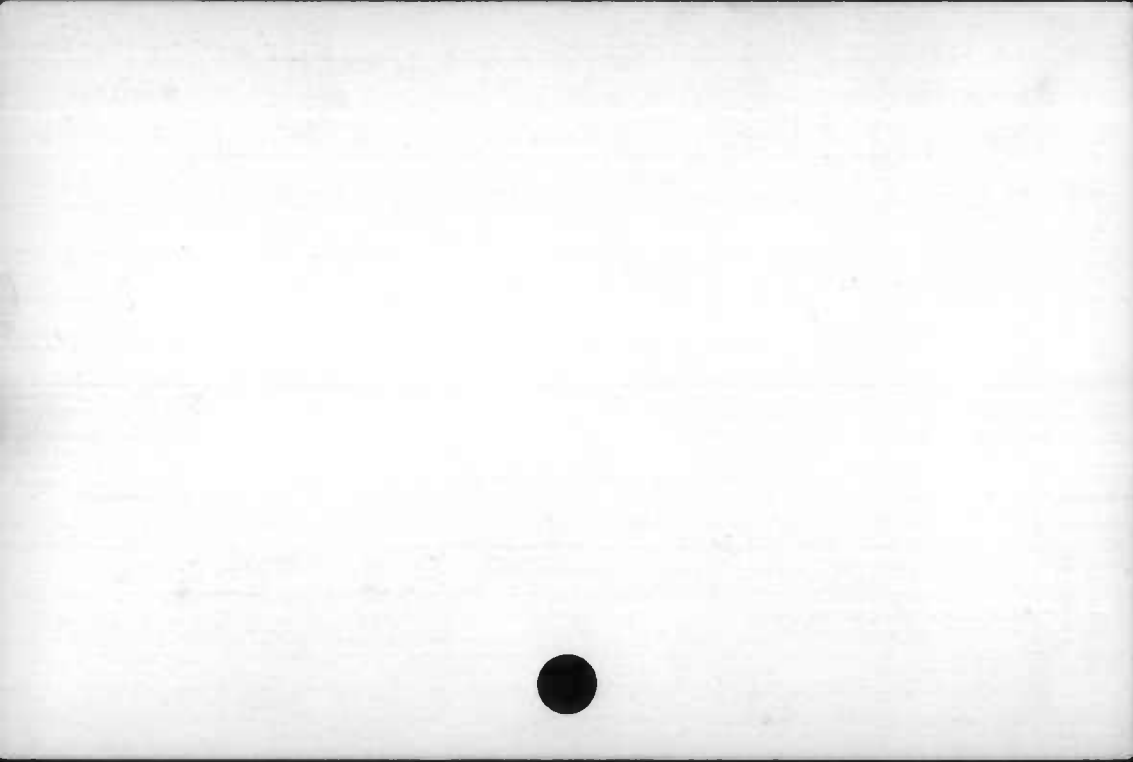
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Concord		County Cecil.		MARYLAND	
Date of death		190	9	Month 5	Day 18	Age 27	Years 11
Sex Female		Color or Race Cauc		Birth-place Snow Hill			
Occupation Wife				Where Residing if not at place of death -			
Married, Single or Widowed Married		Name of Wife or Husband Thomas Brady					
Father's Name Eli Munson		Father's Birthplace Don't know					
Mother's Maiden Name Sarah Night		Mother's Birthplace Concord					
Name of person giving Information Thomas Brady		How related to deceased Husband					

## CAUSES OF DEATH

Primary	Valvular Disease of Heart	How long	about 4 yrs.
Immediate	Paraplegia	How long	3 weeks.
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician Clifton B. Lantz M.D.	
		Address Baltimore City Md.	
Accident or Suicide			







Name  
in  
Full

Amos W. S. Brown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Conowingo</i>		Town		<i>Cecil</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>5</i>		Day <i>17</i>		Age		Months <i>3</i>	
Sex <i>male</i>		Color or Race <i>Black</i>		Birthplace <i>Conowingo</i>		Occupation <i>Infant</i>		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband							
Father's Name <i>Amos Brown</i>		Father's Birthplace <i>Conowingo Md</i>							
Mother's Maiden Name <i>Fannie Peters</i>		Mother's Birthplace <i>Cecil Co.</i>							
Name of person giving Information <i>Amos Brown</i>		How related to deceased <i>Father</i>							

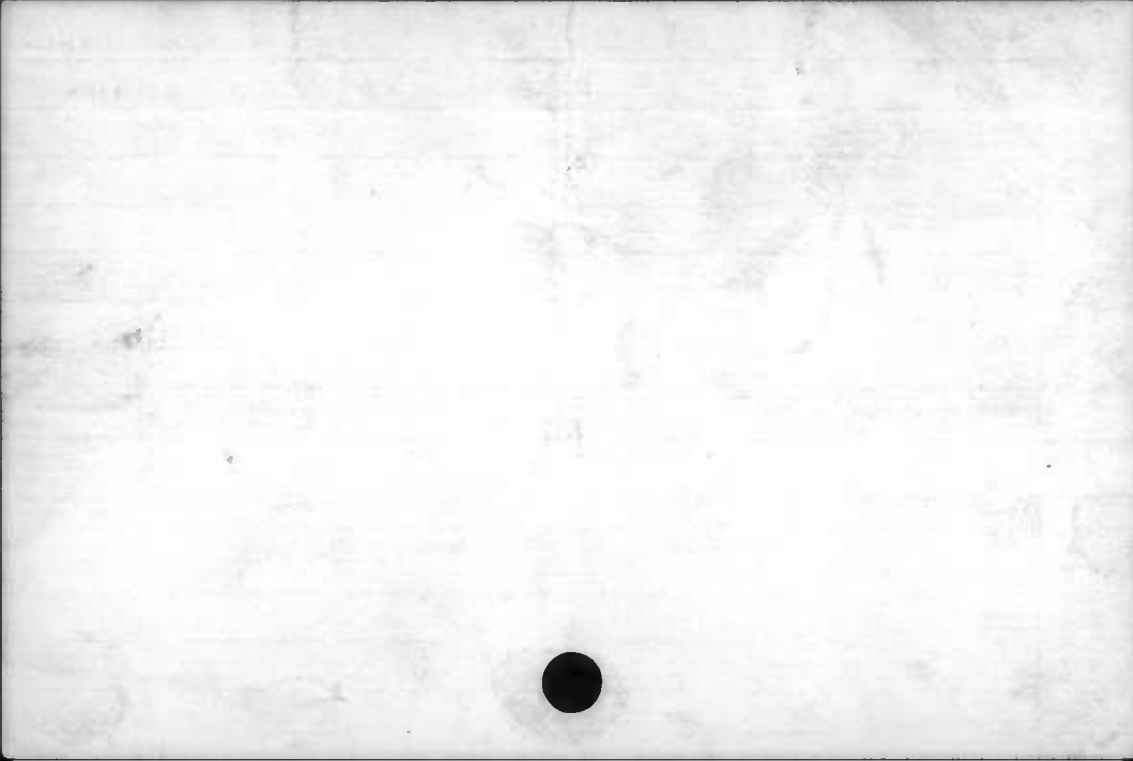
## CAUSES OF DEATH

145

Primary	<i>Eczema &amp; Scrofula</i>	How long	<i>3 months</i>
Immediate	<i>Heart Failure</i>	How long	<i>✓</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>D.M. Ragan M.D.</i>	
		Address	
		<i>Conowingo Md.</i>	
Accident or Suicide			

PHYSICIAN  
OR CORONER







Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town North East		County Cecil		MARYLAND	
Date of death		1909	Month May	Day 28	Age =	Years =	Months =
Sex Female		Color or Race White		Birth- place North East			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Frank Bryan				Father's Birthplace Delaware			
Mother's Maiden Name Lizzie Wilson				Mother's Birthplace North East			
Name of person giving Information Frank Bryan				How related to deceased Father			

## CAUSES OF DEATH

Primary	Shell Bomb	How long	8
Immediate		How long	

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide

PHYSICIAN  
OR CORONER







Name  
in  
Full

Bessie Caroll - +

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

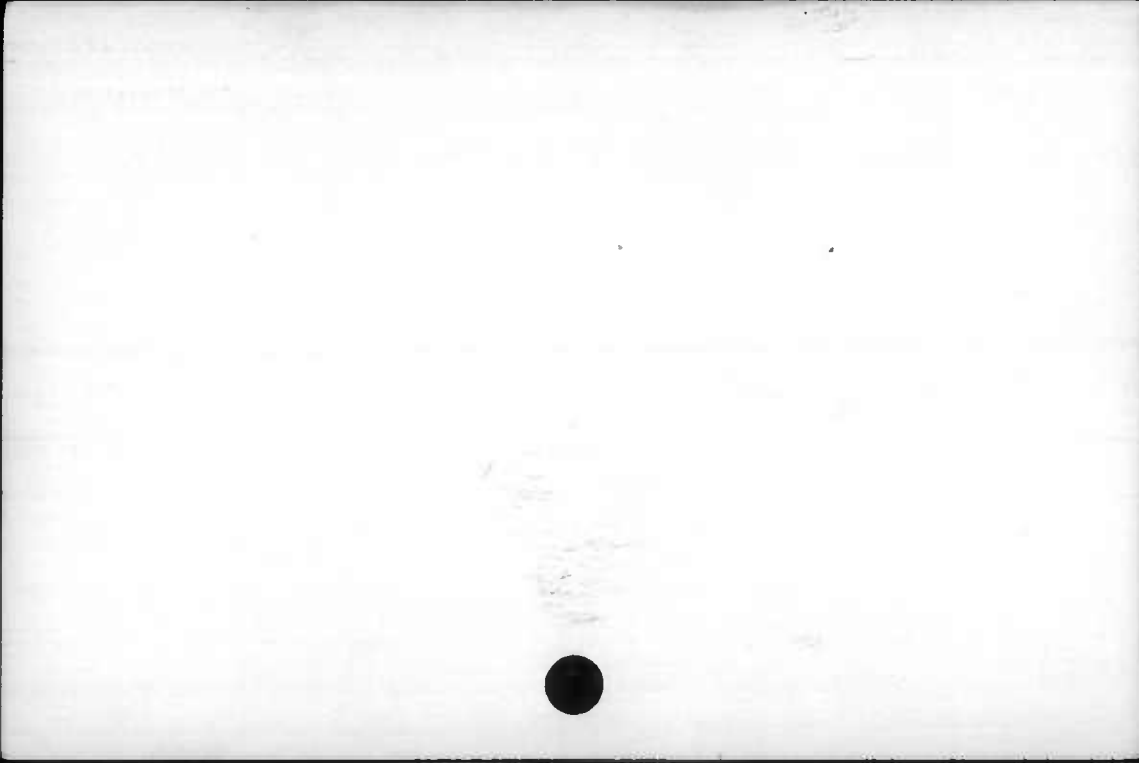
Died at <i>Back Creek</i>		County <i>Cecil</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>May</i>	Day <i>21</i>	Age <i>6</i>	Months <i>9</i>	Days <i>15</i>
Sex <i>Female</i>	Color or Race <i>Colo. d.</i>		Birth-place <i>Int Pleasant</i>		
Occupation <i>-</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Mathie Caroll</i>				
Father's Name <i>Nathaniel Barclay</i>	Father's Birthplace <i>Back Creek</i>				
Mother's Maiden Name <i>Mathie Caroll</i>	Mother's Birthplace <i>P. Lancaster</i>				
Name of person giving Information <i>Math. Caroll</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>17 days</i>
Immediate <i>Typhoid Fever</i>	How long <i>17 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Chas. P. Lane</i>
	Address <i>Pleasantville City Md.</i>
Accident or Suicide	







Name  
in  
Full

Harold Swisher Childs

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Rowlandville</i> <sup>Town</sup>		<i>Cecil</i> <sup>County</sup>		MARYLAND	
Date of death <i>1909</i>	Month <i>May</i>	Day <i>27</i>	Age <i>11</i>	Months <i>6</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Elkton, Md</i>		
Occupation <i>Student</i>			Where Residing if not at place of death <i>Rowlandville Md</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>C. M. Childs</i>		Father's Birthplace <i>North Woodstock, Conn.</i>			
Mother's Maiden Name <i>Rachel Swisher</i>		Mother's Birthplace <i>Rowlandville Md</i>			
Name of person giving Information <i>Mrs. C. M. Childs</i>		How related to deceased <i>Mother</i>			

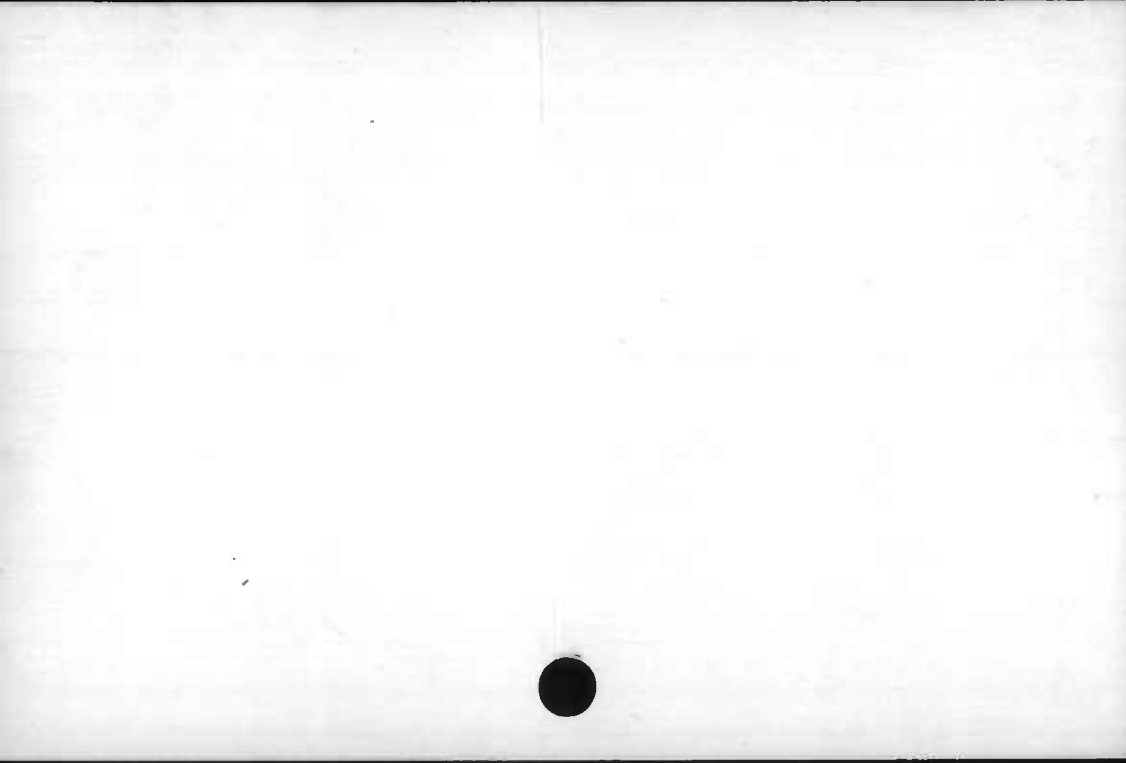
## CAUSES OF DEATH

50

PHYSICIAN  
OR CORONER

Primary <i>Diabetes Mellitus</i>	How long <i>9 months</i>
Immediate <i>Exhaustion</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Ernest Rowland</i>
	Address <i>Liberty Grove Md.</i>
Accident or Suicide <i>—</i>	







Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *near Low Hill*

County

*Cecil*

Date

of death

190

9

May

Day

27

Age

Years

88

Months

9

Days

Sex

*Male*Color of  
Race*white*Birth  
place*Maryland*

Occupation

*Laborer*Where Reading if not  
at place of deathMarried, Single  
or Widowed*Widower*Name of Wife or  
Husband*Julia A. Cleaves*Father's  
Name*Nathaniel Cleaves*Father's  
Birthplace*Scotland*Mother's  
Maiden Name*not known*Mother's  
Birthplace*Scotland*Name of person giving  
Information*Julia D. Cleaves*How related  
to deceased*Daughter*

## CAUSES OF DEATH

Primary

*Arterio Sclerosis*

How long

*Several years*

Immediate

*Senile Exhaustion*

How long

*10 days*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*H. Arthur Mitchell*

Address

*Elkton Ind.*

Accident or Suicide

PHYSICIAN  
OR CORONER



237





Name  
in  
Full

Glades G. Crouch

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>North East</i> Town		<i>Cecil</i> County		MARYLAND	
Date of death	1909	Month	May	Day	16
Age	10		Years	Months	
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation			Birth-place	<i>North East</i>	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>Steven G. Crouch</i>		
Father's Birthplace			<i>Elk Neck</i>		
Mother's Maiden Name			<i>Emma G. Camron</i>		
Mother's Birthplace			<i>North East</i>		
Name of person giving Information			<i>Steven G. Crouch</i>		
How related to deceased			<i>Father</i>		

## CAUSES OF DEATH

27

Primary	<i>Phthisis</i>	How long	<i>2 Months</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>L. F. Hamrick</i>	
		Address	
		<i>North East</i>	
Accident or Suicide		<i>mg</i>	

PHYSICIAN  
OR CORONER







Name  
in  
Full

W P Cummings

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Port-Deposit		Cecil					
Date of death	1909	Month	May	Day	2	Age	58
Sex	Male	Color or Race	White	Birth-place	Pennsylvania	Months	11
Occupation	Severman		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Annie M Cummings				
Father's Name	James Cummings		Father's Birthplace	Pennsylvania			
Mother's Maiden Name	Jane M Caulder		Mother's Birthplace	11			
Name of person giving Information	Annie M Cummings		How related to deceased	Wife			

CAUSES OF DEATH

Primary	Asphyxiation	How long	12 hours
Immediate		How long	

Are the name, age, sex, color, data and place correctly given above?

Yes

Signature of Physician

H E Clemens

Address

Port Deposit  
Md

Accident or Suicide

PHYSICIAN  
OR CORONER







Name  
in  
Full

Isaac H. England

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Near Zion

Cecil

Date

of death

1909

Month

May

Day

16

Age

Years

55

Months

4

Days

28

Sex

Male

Color or  
Race

White

Birth-  
place

Near Zion Md.

Occupation

Farmer

Where Residing if not  
at place of death

Near Zion Md.

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

No

Father's  
Name

Joseph T. England

Father's  
Birthplace

Cecil Co. Md.

Mother's  
Maiden Name

Mary Ann Alexander

Mother's  
Birthplace

Cecil Co. Md.

Name of person giving  
Information

Leeroy England

How related  
to deceased

Brother

## CAUSES OF DEATH

Primary

Paralysis

How long

21 Hours

Immediate

No

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

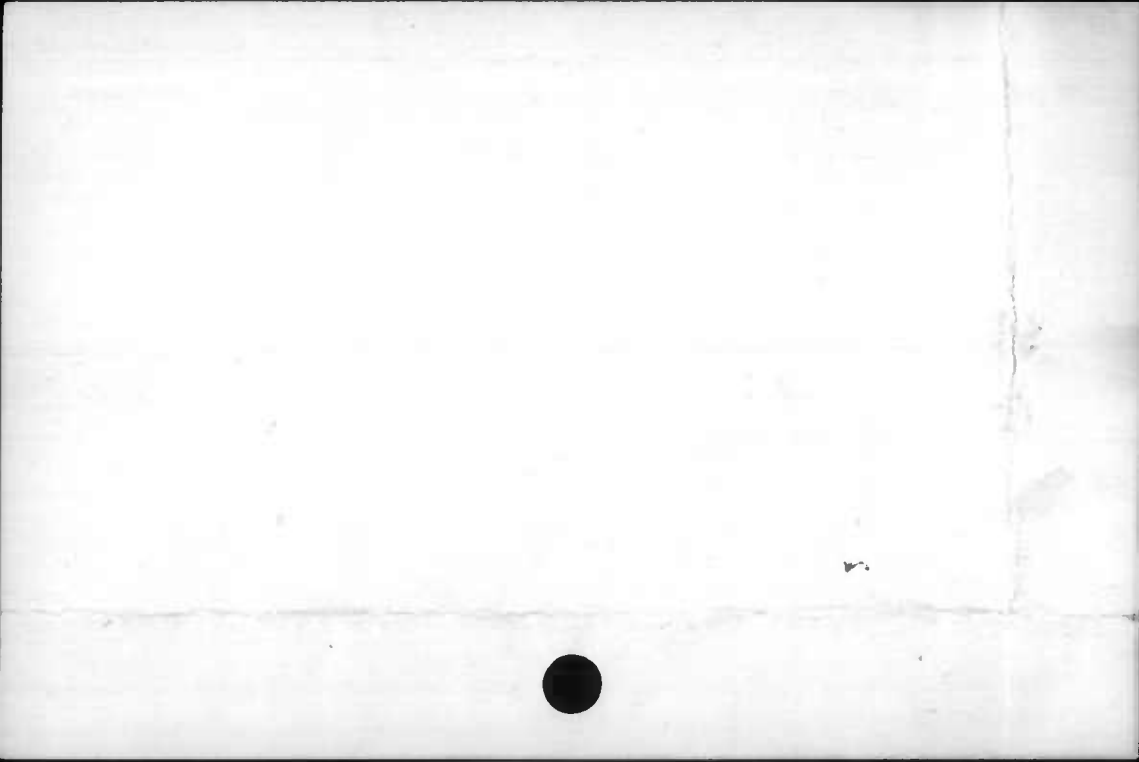
Address

J. H. Richardson  
Rising Sun  
Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER







Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>John Farr</i>		Town <i>Fredericktown</i>		County <i>Levil</i>		State <i>MARYLAND</i>	
Date of death <i>1909</i>		Month <i>5</i>		Day <i>25</i>		Years <i>32</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Months	
Occupation <i>Labourer</i>		Where Residing if not at place of death				Days	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Emma Farr</i>					
Father's Name <i>James Farr</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Jane Moore</i>		Mother's Birthplace <i>"</i>					
Name of person giving Information <i>Henry Farr</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Killed by cars</i>	How long
Immediata <i>Yes</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James Frazier Orrer</i>
	Address <i>Exeter Md</i>
Accident or Suicide <i>Accident</i>	



Chas. H. Hume

Born



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Mar	21	19			
Sex		Color or Race		Birthplace			
Male		White		Port Deposit			
Occupation		Where Residing if not at place of death					
Farmer		Port Deposit					
Married, Single or Widowed		Name of Wife or Husband					
		Port Maria					
Father's Name		Father's Birthplace					
Joseph Fell		Pa.					
Mother's Maiden Name		Mother's Birthplace					
Sarah Jordan		Md.					
Name of person giving information		How related to deceased					
Joseph Fell		Father					

CAUSES OF DEATH

169

PHYSICIAN  
OR CORONER

Primary	Stroke & Convulsions	How long	10 days
Immediate	Heart Failure	How long	2 Hrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		W. G. Fell	
No		Address	
		Liberty Bazaar	
Accident or Suicide?			
		Md.	



Chica Pa



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *James L. Freeman*  
*Nea Earleville* Town *Cecil* CountyDate of death *1909* Month *5* Day *22* Age *about 70* Years Months DaysSex *Female* Color or Race *Colored* Birth-place *Kent Co. Ind.*Occupation *House work* Where Residing if not at place of deathMarried, Single or Widowed *Widow* Name of Wife or Husband *Richard Freeman*Father's Name *Not known* Father's BirthplaceMother's Maiden Name *Not known* Mother's BirthplaceName of person giving Information *James H. Freeman* How related to deceased *Nephew*

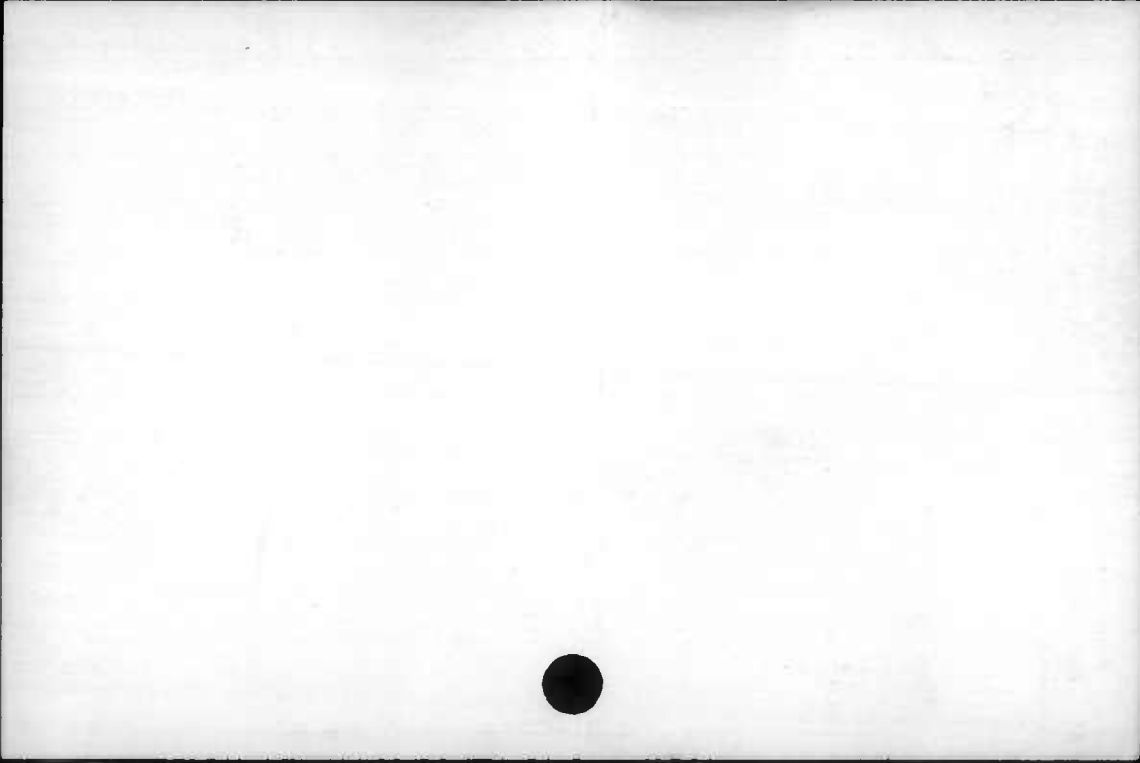
## CAUSES OF DEATH

Primary *La Grippe* How long *10* *2 months*Immediate *Bronchitis & General Body decay* How long *6 weeks*Are the name, age, sex, color, data and place correctly given above? Signature of Physician *E. H. Crawford*Address *Bechtelmeier Ind.*

Accident or Suicide

PHYSICIAN  
OR CORONER







Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Childs* <sup>Town</sup> *West* <sup>County</sup> *Cecil* **MARYLAND**Date of death *1909* <sup>Month</sup> *May* <sup>Day</sup> *3* <sup>Years</sup> *82* <sup>Months</sup> *0* <sup>Days</sup> *0* Age *82*Sex *Female* Color or Race *White* Birth-place *Ind*  
Occupation *House wife* Where Residing if not at place of death~~Married, Single or Widowed~~ Name of Wife or Husband *Daniel Harvey*Father's Name *Hugh Arthur* Father's Birthplace *Ind*Mother's Maiden Name *Cathcart* Mother's Birthplace *"*Name of person giving Information *Mrs Greenfield* How related to deceased *Daughter*

## CAUSES OF DEATH

Primary *Interstitial Nephritis* How long *2 or 3 years*Immediate *Uræmia* How long *1 month*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Howard Braxton*Address *Elkton Md*

Accident or Suicide

PHYSICIAN  
OR CORONER







Name  
in  
Full

Sallie B Hathaway

## CERTIFICATE OF DEATH

Town

County

Died at

Oakwood

Cecil

MARYLAND

Date

of death 1909

Month

May

Day

17

Years

Age

60

Months

Days

Sex

female

Color or  
Race

white

Birth  
place

Wilmington Del

Occupation

Housekeeper

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
Husband

None

Father's  
Name

Henry Hathaway

Father's  
Birthplace

Wilmington Del

Mother's  
Maiden Name

Martha A Monger

Mother's  
Birthplace

Smarna

Name of person giving  
Information

Ella J Atkinson

How related  
to deceased

Sister

## CAUSES OF DEATH

79

Primary

Rheumatism

How long

Many years

Immediate

Valvular Heart Disease

How long

Two weeks

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

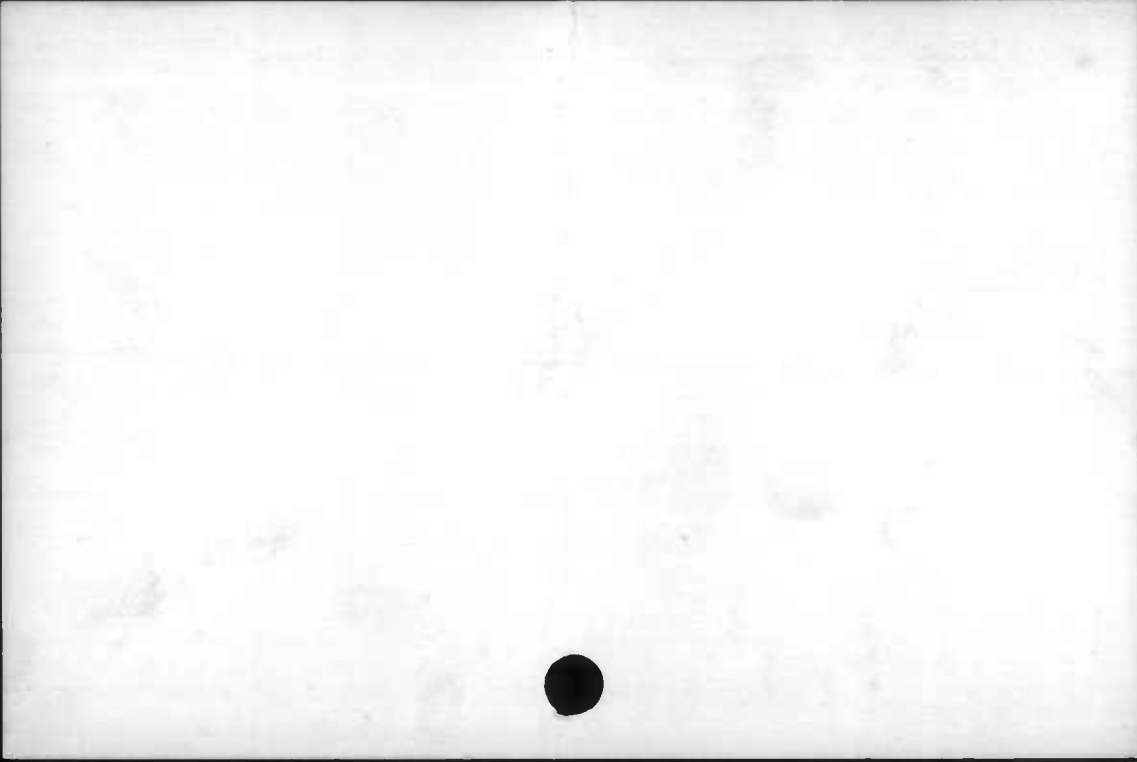
Address

J. A. Peoples, M.D.  
Peters Creek Pa.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER







Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

William Henry Johnson  
Town Carpenters Point County Cecil

Died at Date of death 1909 Month May Day fifth Age 60 Years Months Days

Sex Male Color or Race Colored Birth-place Unknown

Occupation Culver Where Residing if not at place of death Baltimore

Married, Single or Widowed Married Name of Wife or Husband Unknown

Father's Name Unknown Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving Information How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Arteriosclerosis How long 79

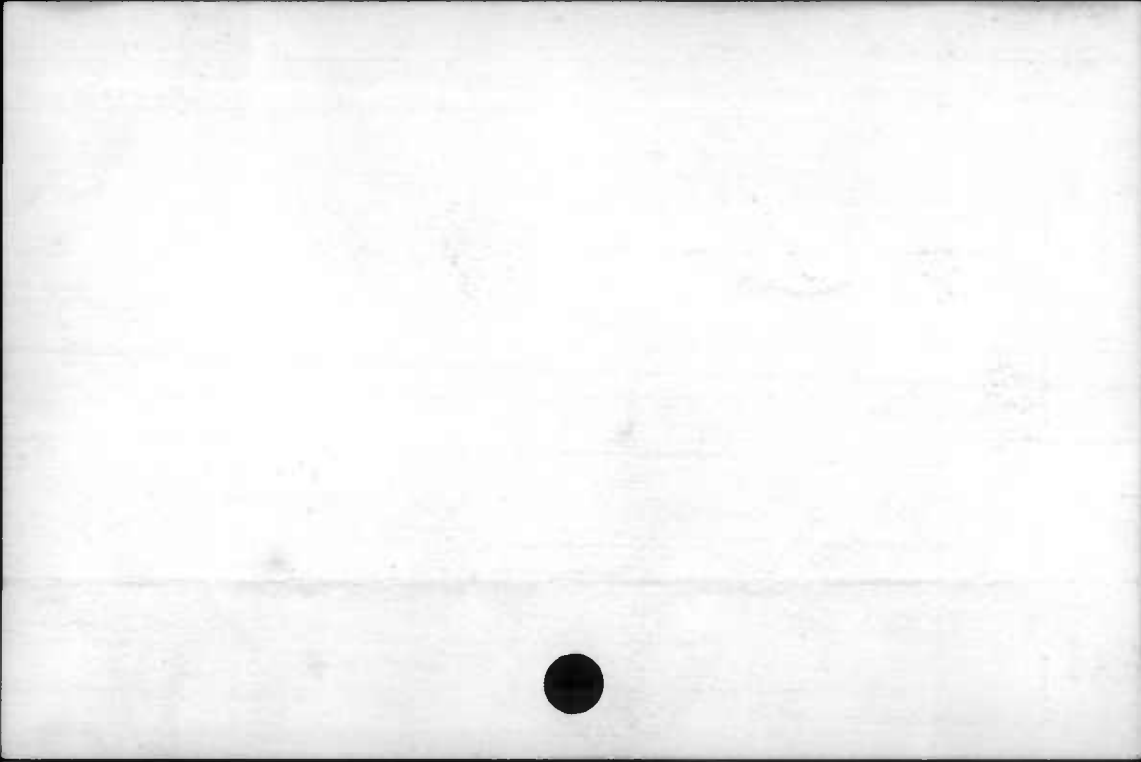
Immediate Acute Dilatation of Heart How long Two days

Are the name, age, sex, color, date and place correctly given above? Signature of Physician W. E. Cantwell

Address Baltimore, Maryland

Accident or Suicide







Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chesapeake City Cecil</i>		Town <i>Cecil</i>		County		MARYLAND	
Date of death	1909	Month	May	Day	29th	Age	One 9
Sex	Female		Color or Race	White		Birth-place	Chesapeake City
Occupation	Infant			Where Residing if not at place of death <i>Chesapeake City Md</i>			
Married, Single or Widowed	—		Name of Wife or Huabend				
Father's Name	<i>Edward Hirst</i>				Father's Birthplace	<i>Cecil Co</i>	
Mother's Maiden Name	<i>Bessie Lorch</i>				Mother's Birthplace	<i>Chesapeake City</i>	
Name of person giving Information	<i>George Lorch</i>				How related to deceased	<i>Father's Friend</i>	

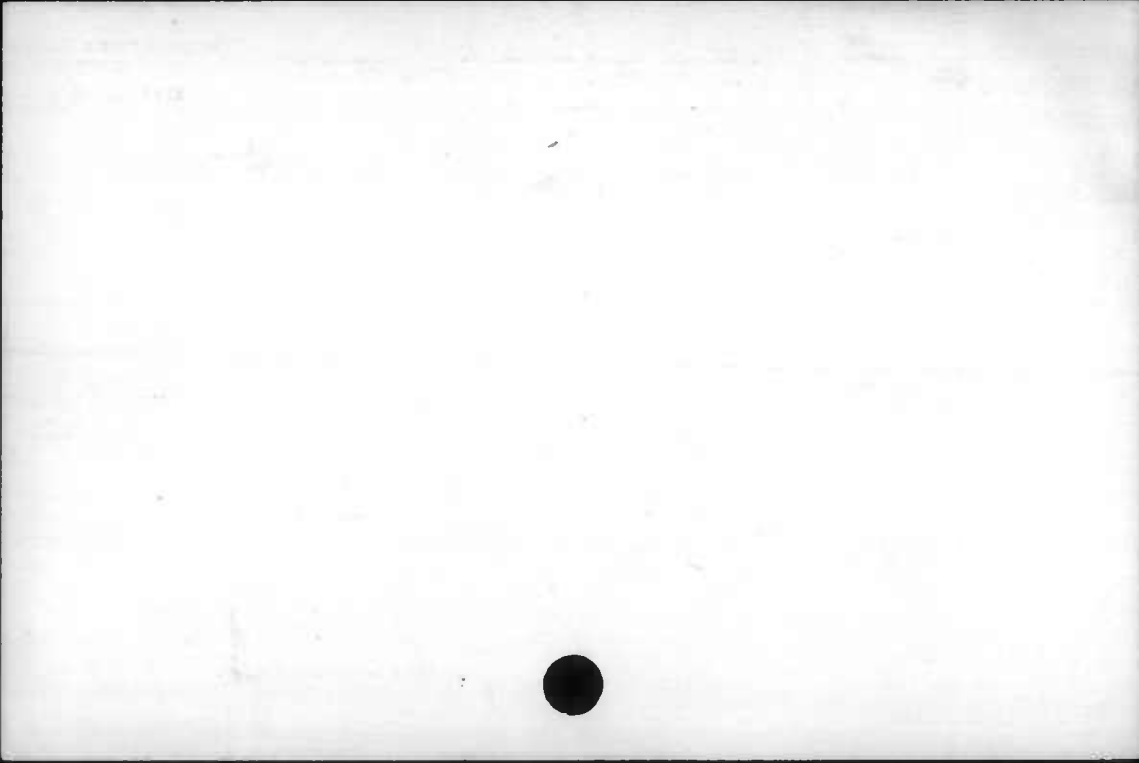
## CAUSES OF DEATH

152

PHYSICIAN  
OR CORONER

Primary	<i>Infection of Membranes</i>		How long	<i>Ten days</i>
Immediate	<i>Septic Infection (Toxemia)</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>D. Jackson Courney</i>		
<i>Yes</i>		Address <i>Chesapeake City Maryland</i>		
Accident or Suicide				







Name  
in  
Full

Premature 13 Kirkpatrick  
Town Cecil County

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

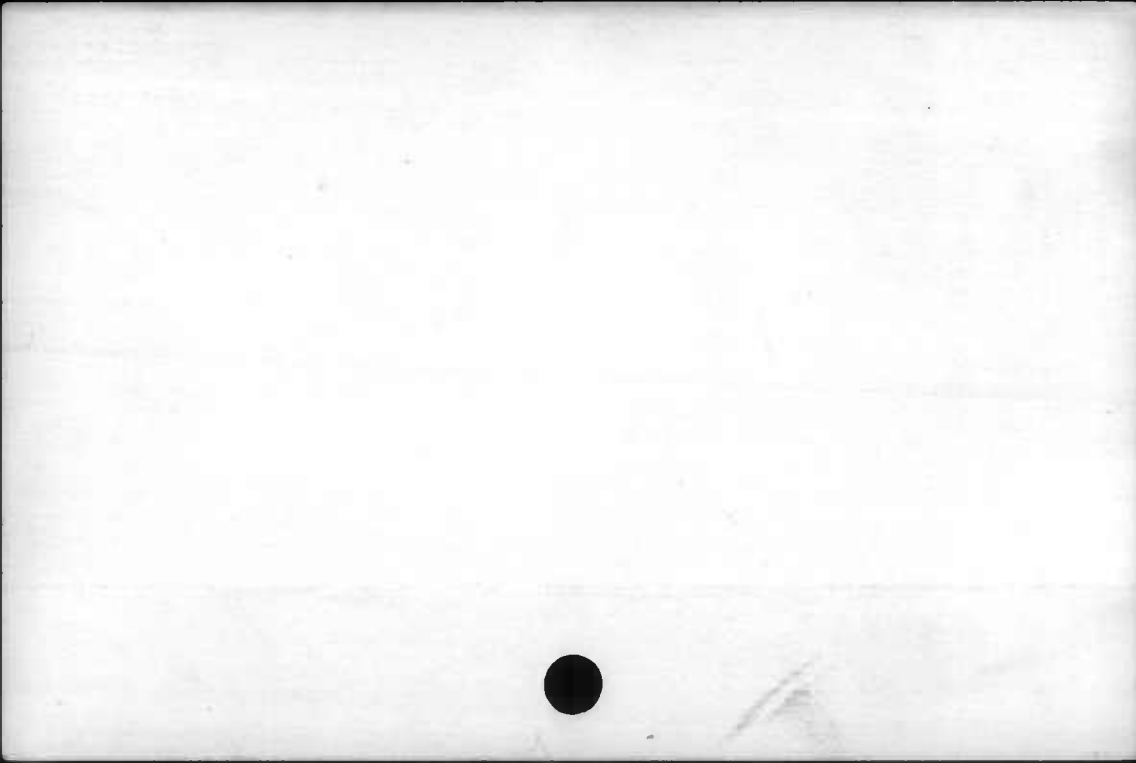
Died at		Date of death		Month	Day	Age	Years	Months	Days
Giron		1909		May	31st				
Sex	Color or Race	Birth-place							
Female	White	Giron							
Occupation		Where Residing if not at place of death							
		Giron							
Married, Single or Widowed		Name of Wife or Huaband							
Father's Name		Father's Birthplace							
James K. Kirkpatrick		Cherry Hill							
Mother's Maiden Name		Mother's Birthplace							
Mary P. Alexander		Cocke Creek							
Name of person giving Information		How related to deceased							
James K. Kirkpatrick		Father							

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Premature death at 7 months	8
Immediate	How long
7 months	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	D. L. Hafford
	Address
	Giron Md
Accident or Suicide	







Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Silas J. Lowry</i>		Town <i>Rock Springs</i>		County <i>Beckie</i>		MARYLAND	
Died at <i>Rock Springs</i>		Date of death <i>1909 May 19</i>		Age <i>67</i>		Months <i>2</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Harford Co Md</i>		Days <i>23</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Rock Springs Md</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Sarah E. J. Lowry</i>					
Father's Name <i>Joshua Lowry</i>		Father's Birthplace <i>Beckie Co Md</i>					
Mother's Maiden Name <i>Sarah Ailes</i>		Mother's Birthplace <i>Beckie Co. Md</i>					
Name of person giving information <i>wife Sarah E. J. Lowry</i>		How related to deceased <i>wife</i>					

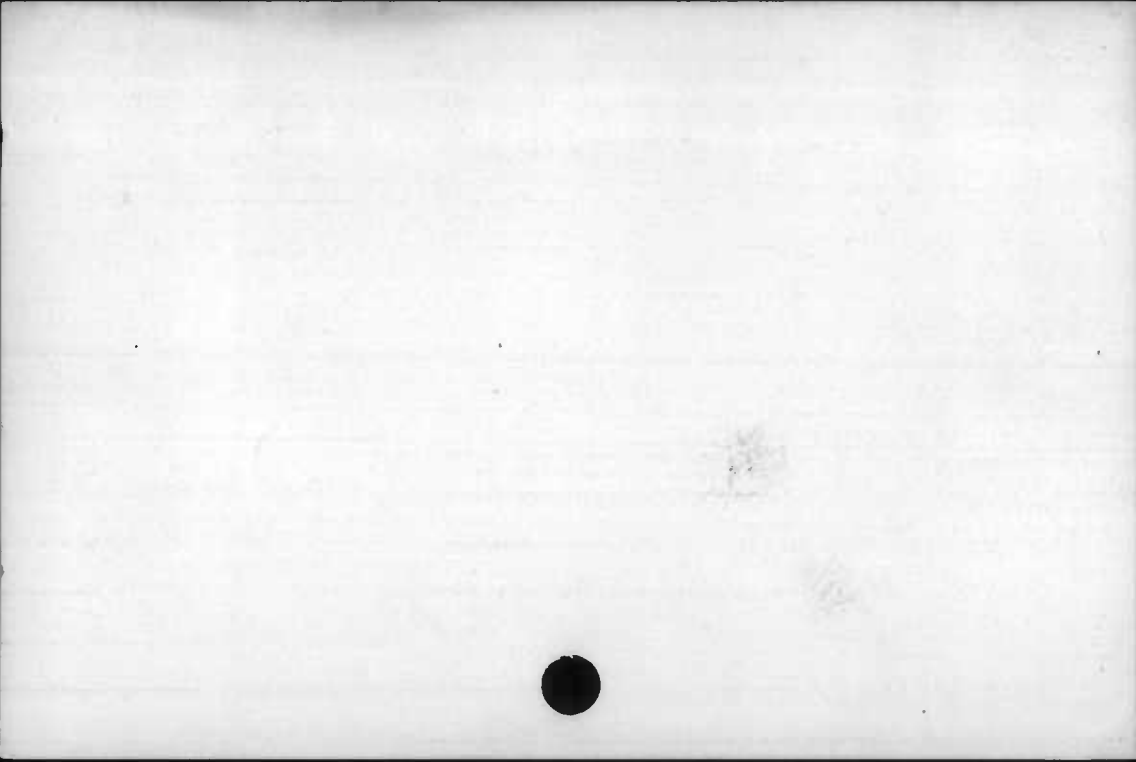
## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Interstitial Nephritis</i>	How long <i>12 years</i>
Immediate <i>Bronchitis &amp; Asthma</i>	How long <i>Several yrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. W. Gillespie</i>
	Address <i>Pleasant-Grove Pa</i>
Accident or Suicide?	







Name  
in  
Full

Pearson Matthews

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town *Elkton* County *Cecil*

Died at *Elkton* *Cecil* **MARYLAND**

Date of death 1909 *May* *25* Age *64*

Sex *Male* Color or Race *White* Birth-place *Pan*

Occupation *Miller* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband *—*

Father's Name *Charles Matthews* Father's Birthplace *Pan*

Mother's Maiden Name *Rebecca Worthington* Mother's Birthplace *Pan*

Name of person giving Information *Bobba Matthews* How related to deceased *Daughter*

## CAUSES OF DEATH

93

How long

*10 days*

How long

*7 weeks*

Primary

*Fibrous Pneumonia*

Immediate

*Septicemia from abscess lung*

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

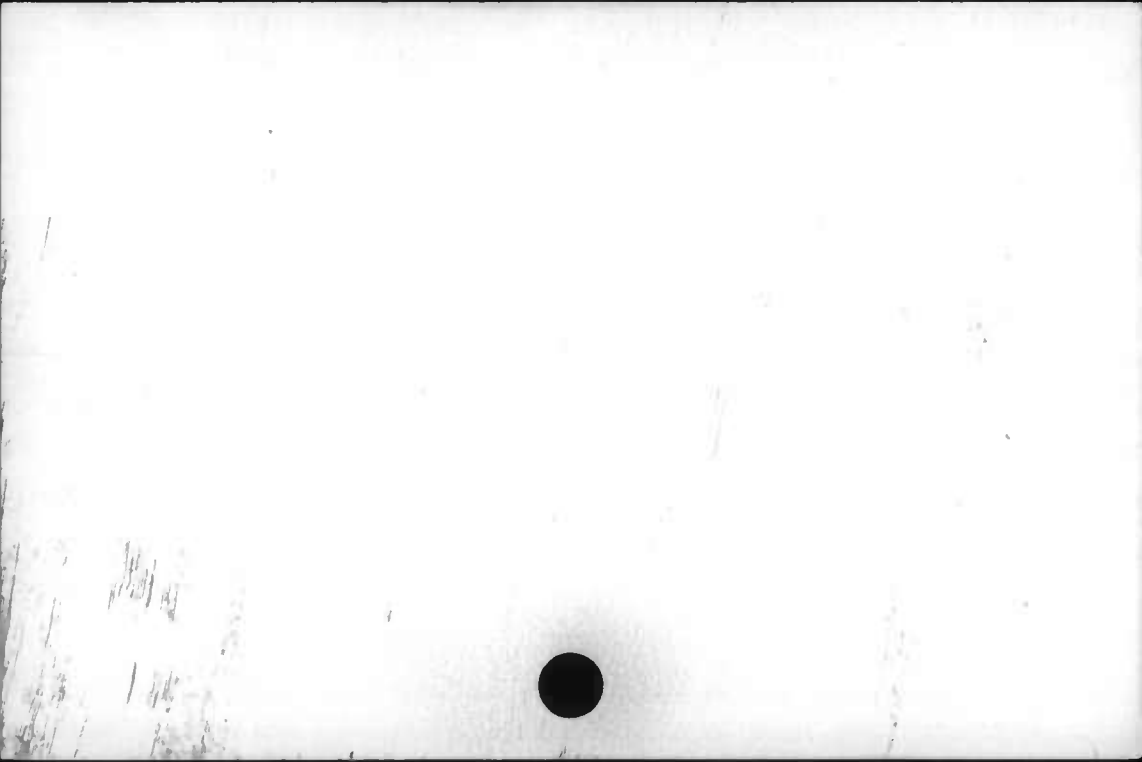
*Howard Bralton*

Address

*Elkton Md*PHYSICIAN  
OR CORNER

Accident or Suicide







Name  
in Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDJohn Wilson Miller  
Town Cherry Hill County Cecil

MARYLAND

Date of death

1909

Month

May

Day

8

Age

Years

78

Months

6

Days

Sex

Male

Color or Race

White

Birth-place

Maryland

Occupation

Carpenter

Where Residing if not at place of death

Married, Single or Widowed

Widower

Name of Wife or Husband

Mary Miller

Father's Name

Thos. Miller

Father's Birthplace

Unknown

Mother's Maiden Name

Annie Singers

Mother's Birthplace

Maryland

Name of person giving Information

Mrs Annie Arbuckle

How related to deceased

Daughter

## CAUSES OF DEATH

Primary

Paralysis  
Coma

How long

(66)

15 mos

Immediate

How long

5 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

O. J. Corrico M.D.  
Cherry Hill  
Md.

Accident or Suicide

PHYSICIAN  
OR CORONER



236



Name  
in  
Full

Katherine Moran

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Port Deposit* <sup>Town</sup> *Cecil* <sup>County</sup> **MARYLAND**Date of death *1909* <sup>Month</sup> *May* <sup>Day</sup> *18* Age *80* <sup>Years</sup> *—* <sup>Months</sup> *—* <sup>Days</sup>Sex *Female* Color or Race *White* Birth-place *Baltimore*Occupation *House Work* Where Residing if not at place of death *Port Deposit*Married, Single or Widowed *Widow* Name of Wife or Husband *Samuel Moran*Father's Name *Lawrence Macintosh* Father's Birthplace *Ireland*Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*Name of person giving Information *Katherine Glaidi* How related to deceased *Daughter*

## CAUSES OF DEATH

154

Primary

How long

Immediate

How long

Are the name, age, sex, color, data and place correctly given above?

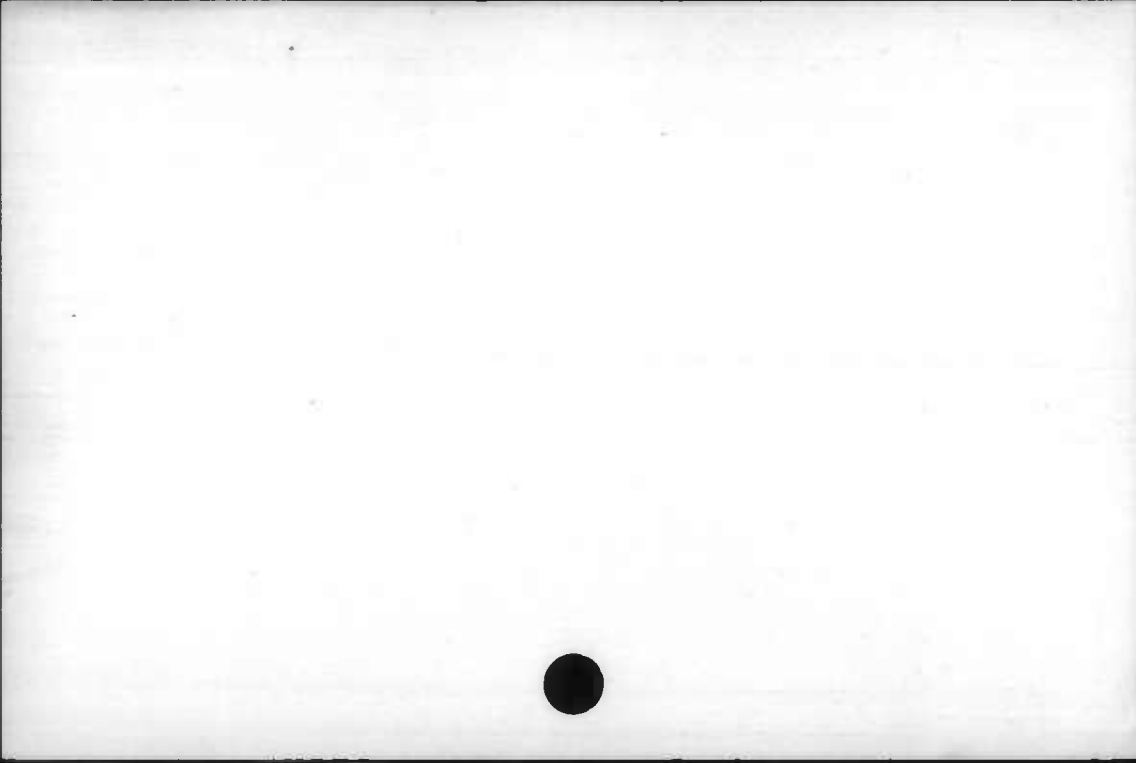
Signature of Physician

Address

Accident or Suicida

PHYSICIAN  
OR CORONER







Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*John Willard Norris*  
 Died at *Elk Mills* Town *Cecil* County  
 Date of death 190*9* Month *May* Day *2* Age *2* Years *4* Months *4* Days  
 Sex *male* Color or Race *white* Birth-place *Maryland*  
 Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

6

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicidal

PHYSICIAN  
OR CORONER



234





Name  
in Full

Lucinda Reynolds

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> near Port Deposit - Cecil <sup>County</sup>

MARYLAND

Date of death 1909 <sup>Month</sup> 6- <sup>Day</sup> 27 Age 20 <sup>Months</sup> 2 <sup>Days</sup>

Sex Female Color or Race white Birth-place Cecil Co

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Cleveland Reynolds

Father's Name Wesley Jackson Father's Birthplace Cecil Co

Mother's Maiden Name Leora Woodrow Mother's Birthplace " "

Name of person giving Information Leora Jackson How related to deceased Mother

## CAUSES OF DEATH

Primary Acute Tuberculosis (Hiliary) 3 mo

Immediate Tubercular pneumonia 10 days

Are the name, age, sex, color, data and place correctly given above?

Yes

Signature of Physician

Address

W. G. Jackson -  
Liberty Grove Md.

Accident or Suicide

No

PHYSICIAN  
OR CORONER



0170110/16



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Date

of death

1909

May

3

Age

88

Months

10

Days

—

Sex

Male

Color or  
Race

White

Birth-  
place

Penna

Occupation

Farmer

Where Residing if not  
at place of death

Married, Single  
or Widowed

Widower

Name of Wife or  
Husband

Mary Tentman

Father's  
Name

Joseph Tentman

Father's  
Birthplace

Penna

Mother's  
Maiden Name

Mary Tentman

Mother's  
Birthplace

Penna

Name of person giving  
Information

Mrs Amanda Thompson

How related  
to deceased

Daughter

CAUSES OF DEATH

Primary

La Grippe

How long

5 weeks

Immediate

Pneumonia

How long

10 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

C. F. Corrick M.D.  
Cherry Hill,  
Md.

Accident or Suicide

PHYSICIAN  
OR CORONER



135-



Name  
in  
Full

*R. Newton Sentman*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Principio Furnace</i> <i>Cecil</i>		Town County		MARYLAND	
Date of death	1909	Month	May	Day	12
Age	54	Years		Months	
Sex	Male	Color or Race	White	Birth-place	Principio Furnace
Occupation	Engineer	Where Residing if not at place of death			
Married, Single or Widowed	<del>Single</del> Married	Name of Wife or Husband	Lelinda Sentman		
Father's Name	Eli S Sentman	Father's Birthplace	Kentown		
Mother's Maiden Name	Sophia Jackson	Mother's Birthplace	Principio Furnace		
Name of person giving Information	Aderson Sentman	How related to deceased	Brother		

CAUSES OF DEATH

155

PHYSICIAN  
OR CORONER

Primary	<i>Oxalic Acid Poisoning</i>	How long	<i>19 hours</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr. H. H. Stump</i>
		Address	<i>Prigville</i>
Accident or Suicide	<i>Suicide</i>		<i>Ind. -</i>







Name  
in  
Full

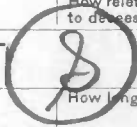
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>none</i> <sup>Town</sup>		<i>Stewart</i> <sup>County</sup>		MARYLAND	
Date of death	190 <i>9</i> <sup>Month</sup> <i>may</i> <sup>Day</sup> <i>7</i>	Age	<i>7</i> <sup>Years</sup>	Months	Days
Sex	<i>male</i>	Color or Race	<i>col</i>	Birth-place	<i>Port Deposit</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Harris Stewart</i>			Father's Birthplace <i>andale co.</i>		
Mother's Maiden Name <i>name Black</i>			Mother's Birthplace <i>Acil Co</i>		
Name of person giving Information <i>Harris Stewart</i>			How related to deceased <i>mother</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still Birth.</i>	
Immediate		
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>[Signature]</i>
		Address <i>P. N. [Signature]</i>
Accident or Suicide	<i>none</i>	



Geo. Young

Chas. Young



Name  
in  
Full

## CERTIFICATE OF DEATH

Ralf W. Thanas

Town

County

MARYLAND

Died at

Part Wepesit

Date

of death

1909

Month

May

Day

13

Age

Years

Months

8

Days

2

Sex

Male

Color or  
Race

Caucasian

Birth-  
place

Part-Wepesit

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HuabandFather's  
Name

Tuesday Thanas

Father's  
Birthplace

Hann Co Va

Mother's  
Maidan Nama

Callea Fick Batten

Mother's  
Birthplace

Hann Co Va

Name of person giving  
Information

Tuesday Thanas

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Pneumonia

How long

3 wks

Immediate

Heart failure

How long

1 day

Are the name, age, sex, color, data  
and place correctly given above?

Yes

Signature of  
Physician

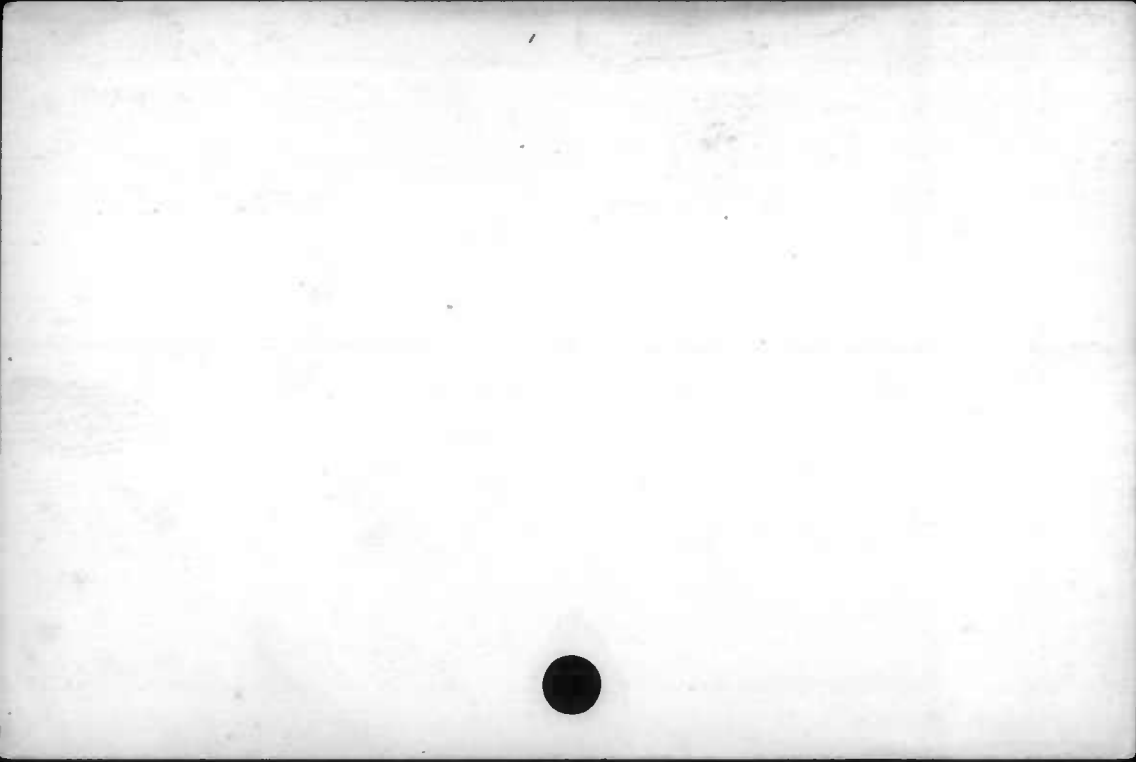
Address

W. G. Fick  
Fifty Grove

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER







Name  
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Date  
of death

1909

Month

5

Day

31

Age

Years

31

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Fair Hill Md

Occupation

Laborer

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Rachel Todd

Father's  
Name

Unknown

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Mary Todd

Mother's  
Birthplace

Maryland

Name of person giving  
Information

Mary Todd

How related  
to deceased

Mother

CAUSES OF DEATH

Primary

Killed by falling Gravel

How long

4 hours

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

James Frazer  
Coroner

Address

Exton

Accident or Suicide

Accident

PHYSICIAN  
OR CORONER



238





Name  
in  
Full

Mahern H Wood

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Elk Neck</i>		Town		<i>Cecil</i>		County		MARYLAND	
Date of death	1909	Month	May	Day	22	Age	45	Months	—
Sex	Male		Color or Race	white		Birth-place	<i>Edwood Md</i>		
Occupation	<i>Taxidermit</i>		Where Residing if not at place of death		—				
Married, Single or Widowed	married		Name of Wife or Husband		<i>Gertie M Wood</i>				
Father's Name	<i>W S Wood</i>		Father's Birthplace		<i>Baltimore</i>				
Mother's Maiden Name	<i>Anna A Smart</i>		Mother's Birthplace		<i>England</i>				
Name of person giving Information	<i>Gertie M Wood</i>		How related to deceased		<i>wife</i>				

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Malignant T. B.</i>	How long	<i>5 weeks</i>
Immediate	<i>Stroke</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>L F Hamrick</i>
Accident or Suicide	—	Address	<i>North East Md</i>



Boats